dice, associated with cholecystitis, simply means that there is allied obstruction of the hepatic or common bile duct. The percentage of cases in which this occurs is comparatively small. Typical attacks of gall-stone colic point to the fact that there is associated cholelithiasis, and, furthermore, that the stones are sufficiently small to be forced, by contraction of the gall-bladder, into the cystic duct. The gall-bladder is quite frequently the seat of chronic inflammation; is unable to empty itself, owing to the viscosity of its fluid contents; yet no stones are present. Even when stones are present the majority of the cases are not characterized by typical attacks of colic because the stones are not small enough to be forced into the cystic duct. The gall-bladder may itself contract on a big stone and give rise to attacks of pain, but not the characteristic, excruciating pain that marks the passage of a stone through the ducts.

In working out these cases, the stomach contents, after a test meal, should be analyzed. Not much weight, however, can be placed on the results. The evidence thus procured is sometimes corroborative. Should we find complete absence of free hydrochloric acid we consider a possibility of gastric carcinoma and search for other evidence. We find this symptom, though, not infrequently, in chronic appendicitis. Again, hyperacidity, the common accompaniment of ulcer, is also found in most cases of chronic appendical or gall-bladder disease. The degree of hyperacidity might sometimes be of value as a means of differentiation in doubtful cases.

To those trained to read correctly the evidence presented, much valuable information can often be obtained from X-ray plates.

To differentiate between chronic cholecystitis and appendicitis is often difficult, sometimes impossible, always unnecessary. It is quite sufficient to decide that a given set of symptoms are probably due to a chronic inflammation of either the gall-bladder or appendix or both and to advise remedial surgical measures. If other abdominal or pelvic pathology has been carefully excluded, an incision along the outer border of the right rectus muscle extending from the costal arch to a point opposite the umbilicus will permit of careful examination of the cecum and appendix, of the duodenum and stomach and of the gall-bladder and ducts and through this incision both the gall-bladder and appendix may receive any requisite surgical treatment.

The general symptoms most commonly noted as the result of the systematic intoxication which accompanies chronic cholecystitis and appendicitis are recurrent attacks characterized by loss of appetite, indigestion, epigastric pain or discomfort and constipation. Accompanying these gastro-intestinal symptoms there is usually, in greater or less degree, general lack of musculo-nervous tone and mental depression. A certain amount of discomfort after eating, constipation and a general lack of muscular and mental vigor are apt to be present most of the time, but these patients are nearly always subject to distinct, more or less acute, exacerbations, at which times all the chronic symptoms are greatly exaggerated. Sometimes right-sided discomfort is complained of.

While the above clinical picture is that most frequently observed, we must remember that chronic pathologic conditions of the gall-bladder and appendix will frequently cause unusual reflex symptoms. For instance, occasionally we encounter recurrent hemorrhages from the stomach or from the urinary tract associated with chronic appendicitis.

In conclusion let me urge that we cease to consider our duty fulfilled when we have given a little dietetic advice and a dose of pepsin to patients complaining of symptoms of disturbed digestion. No class of patients is more deserving of careful diagnostic study and yet, in general, receive so little. A thorough study of these patients is our imperative duty and always must we consider the gall-bladder or appendix as possible etiologic factors. Further, when careful investigation fails to disclose any pathology in the stomach or intestines themselves, or elsewhere, to account for the symptoms, and when the symptoms continue in spite of thorough general treatment, we should then advise surgical exploration of the gall-bladder and appendix and appropriate surgical treatment of whatever pathologic condition is discovered.

STATE CARE FOR CRIPPLED CHILDREN IN CALIFORNIA.

By DOUGLAS C. McMURTRIE, New York.

In every community there are a large number of crippled children who because proper care is not provided for them are unable to take a useful part in activity or work of any kind. The crippled child who is not able to get about easily is denied the privileges of the public school and grows up in comparative ignorance unless the parents are able to make exceptional provision.

The deformities responsible for the crippled condition are often not acute and so do not receive the hospital treatment they deserve. Furthermore the term of treatment generally lasts over a long period such as the average institution is not able to give in view of the other acute demands made upon it.

Orthopedics is a specialized branch of surgery and adequate attention can generally be secured only in the larger centers of population. Thus patients living in the country or in small places are often likely to go unattended or at least to have their deformity so develop that it is no longer susceptible to effective treatment and cure. To gain the best results cases should be taken in hand early when the chances of recovery are infinitely greater.

Other classes of the handicapped are fairly well provided for in most communities. The blind, the deaf, the mentally defective—for all these there are institutions adequate, or nearly adequate, to the needs. But up to the present time the needs of the crippled child have not been properly provided for. From the economic standpoint only the provision of proper care is expedient because in many cases complete cures can be effected and in others the children can be furnished such primary and industrial educational facilities as will enable them to become useful and self-supporting members of the community. Without the provision referred to a great many would be helpless dependents for life.

It is interesting to note that several states of this country have made legislative provision for crippled children and established institutions where they could be given both surgical and educational

advantages. In this work the United States occupies a unique position. The first state to take such action was Minnesota, which in 1897 established a hospital and home for crippled children. The State of New York followed the example and established the New York State Hospital for the Care of Crippled and Deformed Children in 1900. Massachusetts started a similar institution, the Massachusetts Hospital School, in 1906, and several other states have taken some action in behalf of their cripples. The results of these institutions have been excellent. There have been found a large number of crippled children in each of the states named who were in need of the care provided and who have since profited by it.

It is important that this system of care should be extended to other localities. As yet the State of California has taken no such action and I venture to suggest to the physicians of that state the desirability of such a move. Such institution would offer the advantages an average hospital would be unable to provide and would obviate the neglect of education so often coincident with protracted treatment. The service which could be rendered by a state hospital school would be valuable and it would prove indispensable to the physicians interested in the welfare of this class of handicapped children.

SOCIETY REPORT

CALIFORNIA ACADEMY OF MEDICINE.

The regular monthly meeting of the Academy was held in the Library of the San Francisco County Medical Society on Monday evening, May 27th. The following scientific program was given:

1. Puerperal Infections. A Clinical Study of Twenty-one Cases. A. B. Spalding. Discussed by Harold Brunn and H. J. Kreutzmann.

2. The Use of Citrate Solutions in the Prevention of Peritoneal Adhesions. Saxton Pope. Discussed by W. I. Terry, L. Eloesser and J. J. Hogan.

3. Clinical Demonstrations (Illustrated by Lantern Slides). H. T. Morrow. Discussed by Saxton Pope, T. C. McCleave and H. E. Alderson.

Refreshments were served at the close of the meeting.

No meetings of the Academy will be held during June and July.

BOOK REVIEWS

State Board Questions and Answers. By R. Max Goepp, M. D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Second Revised Edition. Octavo volume of 715 pages. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, $4.00 net; half morocco, $5.50. net.

The main purpose of this volume is to provide a convenient compend for the use of those who wish to prepare themselves for State Board Examinations, and it will be found very helpful. The additions to this second edition include principally questions of serum and vaccine therapy; the recent work in the serum diagnosis and treatment of syphilis; the new heart physiology; the myogenic theory and graphic methods of studying the phenomena of the circulation.

How to Collect a Doctor Bill. By Frank P. Davis, M. D. 98 pages. Cloth bound. Price $1.00. Physicians Drug News, Publishers, Newark, N. J.

This little volume contains a mine of humor. A few excerpts will suffice. Here is an unfortunate colleague who can't collect $10.00 for his services in seeing a babe to the other side of the Styx. He writes to the un-remitting parent: "Dear Sir: I am very sorry that you did not see fit to reply to my letters of July 15 and August 15. . . . I have often wondered how I would feel if I knew my little child was up in heaven, looking down at me with her angelic eyes, wondering why I did not pay the doctor who worked so hard all night to give her ease and to keep her with me. . . ." Further on we see that in trying to collect a bill "The personal matter must be fitting to the case. If your patients do not die, you might speak of 'the innocent little babe who will grow up into womanhood unpaid for.'" There's some fun in being a patient and not paying your bills if these are the kind of letters you are to receive. The book will help to pass a merry quarter of an hour. L. E.

Dawn of the Fourth Era in Surgery, and other short articles previously published. By Robert T. Morris, A. M., M. D., Professor of Surgery in the New York Post-Graduate Medical School and Hospital; Member of the American Medical Association, the New York Academy of Medicine and other national and local societies. Philadelphia and London: The W. B. Saunders Company, 1913.

This volume consists of a collection of articles which have already appeared in the medical press. The author decided to collaborate the articles in the form of a small book, as the requests received by him for reprints became so numerous. The volume consists of, in all, 143 pages, divided into twelve or more chapters. In his work Dr. R. T. Morris deals with such subjects as "The Hand of Iron in the Glove of Rubber," "The Advantages of Expeditious Surgical Work," "My Change of View in Appendicitis Work," "The Dawn of the Fourth or Physiologic Era in Surgery," and "The Choice of Procedure in Cases of Loose Kidney."

Pathological Technic. Included Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School, and J. H. Wright, M. D., Director of the Pathological Laboratory, Massachusetts General Hospital. Fifth Revised Edition. Octavo of 507 pages. Illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $3.00.

"Infection and Immunity." By Charles S. Simon, B. A., M. D. Published by Lea & Febiger, Philadelphia and New York, 1912.

The avalanche of new names and theories in the field of Immunology and Bio-chemistry—the readjustment of old theories to conformity with recent investigations—has more or less left the practitioner in a state of bewilderment. New phases and applications of "Infection" and "Immunity"—the broadening field and newer nomenclature—"Chemotaxis," "Opsonins," "Allergia," "Antigens," "Cytolysins," "Anaphylaxis," etc., convey to the physicians but vague, misunderstood phenomena. The general use of these reactions in diagnosis and in treatment demand at any rate a fundamental conception of principle in the former instance, and the ability to wield with finesse a two-edged sword in the latter. Simon's work is distinctly elementary and in this is decidedly deserving of merit. The practicing physician would do well to re-stock his knowledge of immunity by leisurely absorbing its contents. My only regret is that the writer did not present his work in a less didactic manner. The presentation of the evolution of Immunology, both in a chrono-